## PROGRAME \& COURSE OUTCOMES FOR MD FAMILY MEDICINE

## PROGRAME OUTCOMES

By the time the students complete the course they must demonstrate the ability to

1. Diagnose and manage common illnesses in a family including children, elderly and differently abledpersons
2. Organise and perform diagnostic and therapeutic procedures in a communitysetting.
3. Take steps to promote positive health - physical, emotional andsocial
4. Provide continuity of care including palliativecare
5. Detect and manage emergencies in communitysettings
6. Detect situations for referral and organisereferral.
7. PromoteTeamwork\&Goodcommunicationincludingconfidentiality,empathy andsocial justice
8. Promote ethical principles in variousroles
9. Document the observations, organise data, conduct research and plan correctivesteps
Coordinate the interdisciplinary and socialinteractions
At the end of the MD programme, the post graduate should also be able to:
a) Diagnose and treat the whole spectrum of diseases including undifferentiated problems multiple co-morbidities presenting in the community at primary care level, both chronic and acute, affecting all age groups, including emergency and elective problems, adolescent behavior problems etc. using standard treatment protocols and guidelines including IMNCI guidelines..
b) Make logical and appropriate decisions regarding referral to tertiary care centres.
c) Employ a patient-centred approach.
d) Practice a multi-disciplinary approach to health-care, and work as a leader.
e) Provide continuity of care by engaging in a two-way referral network between primary/secondary and tertiary levels.
f) Provide community oriented care to the defined population served bythem.
g) Provide family oriented care to the individuals/families served bythem.
h) Be involved in health promotion, disease prevention, rehabilitation andpalliation.

## The student should be able to elicit clinical history, perform a comprehensive physical examination and demonstrate problem-solving competencies like:

a) Ability to generate an initial list of differential diagnoses given a specific chief complaint and patientcharacteristics.
b) Ability to re-rank the differential diagnoses based on information gathered from the history, physical, and auxiliarystudies.
c) Ability to explain a mechanism for each aspect of a patient's problem, including biological, behavioral, and socialaspects.
d) Ability to evaluate scientific/clinical information and critically analyze conflicting data andhypotheses.
e) Ability to identify and find information relevant to the clinical problem from print and electronicmedia
f) Ability to organise medical recordkeeping.
g) Ability to apply the principles of bioethics, legal matters pertaining to health care, gender issues, social and cultural beliefs of thecommunity.
h) Ability to keep up to date with new information in all branches of clinical medicine with special relevance to primarycare.
i) Ability to organise cost-effective patient care.
j) Ability to organize medical data in oral and writtenpresentations.
k) Use and interpretation of diagnostic procedures and laboratorydata.

## Course Outcome:

At the end of the course, the student should have acquired the following skills:

General Medicine
At the end of the course, the family physician should be able to perform basic life saving and regular skills learnt in Medicine Department/ICU.

## Childhealth

Intravenousaccess, Lumbarpuncture.Neonatalresuscitation, Assessment of thenewborn, Assessment of nutritional status and management of the malnourished childincluding preparation of a dietsheet, Use the IMNCI guidelines to manage childhooddiseases, Management of common childhood emergencies including seizures, burns,poisoning, dehydration, acute severebreathlessness.

## General Surgery

Recognition and evaluation of conditions requiring surgicalintervention, Management and appropriate referral of primary surgical emergencies including burns, haemorrhage, shock, sepsis, acute abdomen, headinjuries, Management of minor trauma, injuries, including immediate and resuscitative treatment of acute injuries, management of electrolyte and fluid requirements, bloodtransfusion,Foreskin dorsalslit,Fine needle aspiration cytology(FNAC), Proctoscopy, Incision \& drainageabscess, Suturing, wounddressing/bandage, Suturing, wounddressing/bandage, Circumcision, Reduction ofparaphimosis, Vasectomy, Hydrocelectomy, Excision and biopsy of superficialswellings, Venesection, Suprapubiccystostomy

## Orthopedics

Emergency care of patients with multiple injuries, transportation of trauma patients, splinting, application of casts, diagnosis and management of injuries, sprains, control of external haemorrhage, fractures and dislocations with properreferral, Management of Colle's fracture, fracture clavicle, shoulderdislocation, Provide health education for prevention ofinjuries.

## Maternal and Women's Health

Antenatalcare,Conduct of a normaldelivery,Detection of high-risk ante-natal cases, and perform LSCS or refer whennecessary,Vacuum and
forcepsdelivery,Management and timely referral of post-partum haemorrhageand referappropriately;Care of thenew-born,Papsmear,Cervical and endometrialbiopsy, Dilatation andcurettage, Insertion and removal ofIUCD,Provide contraception advice counseling, Medical termination ofpregnancy.

## Community Health:

Investigation of anepidemic, Implementation of National healthprogrammes, Health education for schools, health workers and thecommunity.

## Otorhinolaryngology:

Removal of wax from external auditory canal, foreign body removal, nasal packing, Ear lobe repair, ear syringing, tracheostomy,cricothyroidectomy

## Ophthalmology:

Fundus examination with anophthalmoscope, Visionscreening,Epilation,Removal of superficial foreignbody,Fluorescent dye examination ofcornea

## Dermatology:

Minorsurgicalproceduresindermatology includingelectrocautery,chemical cauterization,skin-biopsy.

## Geriatrics:

Assessment for risk offalls, Assessment and management of depression in the elderlypatients, Management of the agitated elderlypatient

## Pain and palliative care:

Management of common symptoms in terminally ill patients and itsmanagement, management of pain, Provision of end of lifecare, Management ofgrief, Breaking badnews

## Emergency medicine:

Initiate ion of management of patient in shock, status epilepticus, poisoning, acute respiratory distress,coma, Skills for life-saving procedures in medical, obstetric, paediatric, including neonatal resuscitation, surgical and traumaemergencies, Management of common emergencies seen in family practice including cardio vascular, respiratory, gastrointestinal, neurological, metabolic and others like snake bite and heat stroke.

Basic and advanced life support, cardio-pulmonaryresuscitation, Endotrachealintubation, Intravenous access (peripheral and central lines, venesection, intravenousinfusion), Disaster management in relation to health anddisease.

## Mental health

Recognition and management of depression and anxietystates, Recognition and referral of patients withpsychosis, Follow-up care of patients withpsychosis, Care of patients with unexplained symptoms without organicbasis, Care of patients undergoing bereavement, social and familystress, Diagnosis, detoxification and team based management of patients with substanceabuse, Assessment of suiciderisk.

## Objectives of the course :

PaperI: Principles of Family Medicine, basic sciences and laboratory sciences relevant for FamilyMedicine

PaperII: General Medicine including Nutrition, Infections diseases, Lifestyle Diseases, Non-communicable disease \& Allied Sciences including psychiatry, geriatrics, dermatology, pulmonology [As applied toFamily Medicine].

PaperIII: Surgery and Allied Sciences including ENT, Ophthalmology, Orthopedics, pain, and palliative care, emergency care [As applied to FamilyMedicine]

PaperIV: Obstetrics and gynecology, pediatrics, community medicine, Recent advances [As applied to Family Medicine]

